

State of Maryland  
Access to Recovery Program  
Department of Health and Mental Hygiene  
Alcohol and Drug Abuse Administration

Maryland *RecoveryNet*:  
ATR Recovery Support  
Services  
**PROVIDER MANUAL**

December 2013

The following Provider Manual and forms are adapted from the  
Access to Recovery programs in the States of Iowa and Connecticut.

***ADAA reserves the right to make changes to the Provider Manual as needed.***

## Table of Contents

<b>Maryland <i>RecoveryNet</i> Program Summary</b> .....	3
<b>Provider Application Process</b> .....	4
Technical Assistance.....	5
Required Meetings and Training .....	5
Ethics and Guiding Principles.....	5
Criminal History Policy .....	6
<b><i>RecoveryNet</i> Client Enrollment</b> .....	7
Referral Instructions.....	7
<b><i>RecoveryNet</i> Service Menu</b> .....	8
Clinical Services .....	8
Recovery Support Services.....	9
Service Authorization and Access .....	9
<b>Monitoring and Evaluation</b> .....	10
Monthly SMART Billing Data Analysis .....	10
Site Visits.....	10
Audits.....	10
Provider Disciplinary Guidelines.....	11
Corrective Action Plan.....	12
Incident Reporting .....	12
Fraud, Waste, and Abuse Monitoring.....	13
Repayment of Funding.....	14
Programming and Licensure Changes .....	14
Grievances.....	14
<b>Documentation and Billing</b> .....	16
Encounters.....	16
Payments .....	16
Voucher Extensions, Additions, Revisions.....	17
<b>Recipient Information and Confidentiality</b> .....	18
<b>Glossary of Terms and Descriptions</b> .....	18
<b>Changes or Exceptions to the <i>RecoveryNet</i> Provider Manual</b> .....	18
<b>Appendix 1:</b> Maryland <i>RecoveryNet</i> – Service Descriptions, Rates, and Qualifications ..	19
<b>Appendix 2:</b> ATR Client Application for Services.....	23
<b>Appendix 3:</b> Corrective Action Plan.....	34
<b>Appendix 4:</b> Audit Report.....	35
<b>Appendix 5:</b> Repayment Invoice .....	36
<b>Appendix 6:</b> <i>RecoveryNet</i> - Critical Incident Report.....	37
<b>Appendix 7:</b> Provider Proof of Service Delivery Documentation .....	38
<b>Appendix 8:</b> HIPPA Summary .....	39
<b>Appendix 9:</b> Glossary .....	40

## Maryland *RecoveryNet* Program Summary

*Maryland RecoveryNet* (*RecoveryNet*) is a four-year Access to Recovery (ATR) grant awarded to the Maryland Alcohol and Drug Abuse Administration (ADAA) in September 2010 by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. ATR is a presidential initiative that provides vouchers to individuals to purchase services and supports linked to their recovery from substance use disorders. ATR emphasizes client choice and increases the array of available community- and faith-based services, supports, and providers. **All services are designed to assist recipients in remaining engaged in their recovery while promoting independence, employment, self-sufficiency, and stability.**

***Maryland RecoveryNet funding supplements, but does not replace or supplant, existing services and funding streams.***

Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). A potential recipient must apply to the ATR program and be approved by the *RecoveryNet* Regional Area Coordinator (RAC). Upon enrollment, the client selects services from a list of providers which then are authorized by the *RecoveryNet* RAC and vouchers are entered into the VMS for selected covered services. All *RecoveryNet* providers enter encounters into the VMS when they provide a covered service to a *RecoveryNet* client. These encounters are then released to ValueOptions, which, under contract with the Maryland Alcohol and Drug Abuse Administration, pays *RecoveryNet* providers by matching claims to vouchers and encounters.

*RecoveryNet* policies and requirements are addressed in this Provider Manual. *RecoveryNet* information is also available at: <http://adaa.dhmf.maryland.gov/SitePages/Home.aspx>

### Contact Information

For information regarding Maryland *RecoveryNet*, please contact:

Deirdre Davis, *RecoveryNet* Project Director  
Maryland Alcohol and Drug Abuse Administration  
55 Wade Avenue  
Catonsville, MD 21228  
Phone: 410-402-8620  
Email: [deirdre.davis@maryland.gov](mailto:deirdre.davis@maryland.gov)

For information regarding technical assistance with SMART, please contact:

**SMART Support Desk**  
Telephone: 301-405-4870  
Email: [igsrsupport@umd.edu](mailto:igsrsupport@umd.edu)

## Provider Application Process

Prospective providers can initiate a cooperative agreement with The Maryland Alcohol and Drug Abuse Administration to provide *RecoveryNet* services by attending a provider recruitment forum or webinar, and requesting an application packet. Please see the ADAA website or call your RAC to determine the next available orientation session. Once you have attended the recruitment presentation, you may request an application from your RAC.

**Baltimore City:** Karol Harmon 443-854-6654 or email: [karol.harmon@bhsbaltimore.org](mailto:karol.harmon@bhsbaltimore.org)

**Central and Western Regions:** Dena Trail 443-827-9176 or [dena.trail@maryland.gov](mailto:dena.trail@maryland.gov)  
Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, Harford and Cecil Counties

**Southern and Eastern Regions:** Tyfanni Penn 410-402-8673 or [tyfanni.penn@maryland.gov](mailto:tyfanni.penn@maryland.gov)  
Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties

All prospective *RecoveryNet* providers must submit the *RecoveryNet* Provider Application and supporting documents for review. The completed Application packet can be mailed or faxed to:

***Alcohol and Drug Abuse Administration***  
***ATTN: RecoveryNet Provider Application***  
***55 Wade Ave.***  
***Catonsville, MD 21228***  
***Fax: 410.402.8601***

After receiving the *RecoveryNet* Provider Application packet, *RecoveryNet* staff will review all application documents and submit accepted applications for processing. Potential providers whose applications are not accepted will be contacted and given the opportunity to provide additional documentation. Providers whose applications are denied will be notified in writing. Provider applications may be approved or denied based, in part, on existing *RecoveryNet* providers in specific service areas.

Once an application has been reviewed, accepted and processed by the Alcohol and Drug Abuse Administration, the *RecoveryNet* team may request to conduct a site visit. Upon successful completion of all administrative and facility reviews, a Provider Agreement will be e-mailed to the provider for review and signature. Potential providers must print, sign, and return completed Provider Agreements to ADAA. To participate in *RecoveryNet*, a provider must have a **signed Provider Agreement with ADAA** to provide specific *RecoveryNet* covered services. (see **Appendix 1: Maryland *RecoveryNet* – Service Descriptions, Rates, and Qualifications**) for required provider qualifications for each service.

**To be eligible to enter a Provider Agreement with ADAA to provide *RecoveryNet* services, providers must demonstrate the capability necessary to work with the VMS.**

## **Technical Assistance**

*RecoveryNet* staff are available to assist *RecoveryNet* providers, including initial training to enable providers to use the *RecoveryNet* Voucher Management System, and on an ongoing basis to help providers address client concerns and improve services. For technical assistance, on the *RecoveryNet* Provider Application process please contact the *RecoveryNet* RAC who serves your region (see pg. 4). For technical assistance with the VMS contact the IGSR/SMART Helpdesk 301-405-4870 and **request help with the RecoveryNet VMS**. Be sure to identify yourself as an ATR Provider.

## **Required Meetings and Training**

When you have signed and submitted your Provider Agreement you will be notified of the next available VMS training. Once you or your designated staff member has completed the required VMS training your service will be added to the *RecoveryNet* Service Directory and will be available for selection by *RecoveryNet* recipients. In addition, providers are required to attend a quarterly provider meeting in your region. Your RAC will notify you of the details of each upcoming meeting and you must contact your RAC if you are unable to attend. Attendance is critical to provider participation in the *RecoveryNet*.

## **Ethics and Guiding Principles**

*RecoveryNet* provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- *RecoveryNet* clients and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during provision of *RecoveryNet* services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-*RecoveryNet* payment for *RecoveryNet* services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Maryland.
- Providers who are unable to provide a service to a client must notify their RAC immediately.
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, culture, ethnic, or racial background, or client use of a medication assisted recovery modality.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission or claims for services not rendered, submission of false data, charging a client

for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

### **Criminal History Policy**

The RecoveryNet Program does not intend to discourage Providers from employing or contracting with persons who have criminal histories, however, a Provider may not employ or contract with any person who has a criminal history which would indicate behavior potentially harmful to individuals, documented through either a criminal history records check or a criminal background check, pursuant to Health-General Article, §19-1902 et seq., Annotated Code of Maryland, and COMAR 12.15.03.

To comply with this requirement, a Provider must apply for a criminal history records check or criminal background check before employing or contracting with any person. If the results of the criminal history records check or criminal background check indicate criminal history, the Provider shall decide whether to employ the person.

The Provider must use criteria in the decision making process that includes both the particulars of the prospective employee's criminal history and the nature of their contact with clients.

If the Provider elects to hire a person whose criminal history indicates behavior potentially harmful to clients, the Provider must document its rationale.

The Provider must ensure that the prospective client has received notice that the Provider employs persons with criminal histories to afford the client the opportunity to make an informed choice of service provider.

## RecoveryNet Client Enrollment

### Referral Instructions

Prospective clients are referred for *RecoveryNet* services through designated entry points. Clients can be referred from both traditional and nontraditional treatment facilities that have been recognized by the state as an ATR “portal program.” Clients enrolled in Jurisdictional/State Care Coordination are also eligible for ATR. Providers can make recommendations and referrals for patients to enroll in ATR, but the designated Care Coordinators for that region are ultimately responsible for submitting an application and working with the RAC on approval. Clinicians at the portal programs are unable to enroll someone into ATR and a referral should be made to the appropriate care coordinator. Clients work with their Care Coordinator to assist them in determining the types of clinical and recovery support services needed to support the recovery plan. Clinical services include those that require licensure for the individual or facility such as counseling and halfway houses. Care Coordinator’s will consult with clinical staff to ensure that the client has a current bio-psycho-social assessment to assist them in determining ongoing clinical and recovery support service needs. If the client meets eligibility requirements, the client and Care Coordinator will complete the *RecoveryNet* application process (see **Appendix 2: ATR Client Application for Services**).

**The Care Coordinator must ensure that prospective clients have free and genuine choice in the selection of service providers, and that the selection process is conducted in a way that is respectful and cognizant of the client’s cultural background and stated needs.**

## RecoveryNet Service Menu

All *RecoveryNet* clients are required to work with the Care Coordinator assigned to their region. Intake and enrollment into ATR are conducted by Care Coordinators who will then service the client for a period of 5-8 months while they access ATR services. Each client is able to choose services and service providers from a list that is maintained by the ADAA. Once these services are requested and approved, pre-approved vouchers are issued in the VMS system. While Care Coordination is the only mandatory service in *RecoveryNet*, the following services are also available:

### Clinical Services

Clinical services must be provided by a licensed professional and/or facility. ATR will only pay for the following clinical services:

- **Halfway House Residential Treatment** – Clinically-managed low-intensity treatment programs offering treatment services at least 5 hours per week directed toward preventing relapse, applying recovery skills, promoting personal responsibility, and reintegration.
- **Marital/Family Counseling**- Services provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse/use on the relationship (end 12/31/13).
- **Pastoral Counseling**- Services provided to encourage spiritual growth, resolve conflict arising from spiritual disconnection, and facilitate progress in recovery through an integrated faith-based and psychological approach (ends 12/31/13).

### Recovery Support Services

- **Care Coordination**- Comprehensive medical and social care coordination is provided to clients to identify their needs, plan services, link the services system with the client, monitor service delivery, and evaluate the effort.
  - Care Coordinators can also provide **gap services, transportation and vital documents** to clients enrolled in ATR but these services vary in each jurisdiction.
- **Recovery Housing**- These services provide a safe, clean, and sober environment for adults with substance use disorders. This is often referred to as Transitional or Supportive housing and lengths of stay may vary depending on the form of housing and the need of the client.
- **Job Readiness Counseling**- This activity is directed toward improving and maintaining employment and may include skills assessment, job coaching, career exploration, résumé writing, interviewing skills, and tips for retaining a job.

For complete information on each covered service, including service descriptions, units of service, reimbursement rates, and qualification requirements, (see **Appendix 1: Maryland RecoveryNet – Service Descriptions, Rates, and Qualifications**).

### **Service Authorization and Access**

Upon referral from an ATR portal program, the Care Coordinator notifies the *RecoveryNet* RAC by way of an email of a request for *RecoveryNet* Services. The *RecoveryNet* RAC authorizes or denies all service requests made by the Care Coordinator. When authorization is received, via returned email, the Care Coordinator will work with the referring clinician to schedule an orientation appointment for the client. During the orientation appointment, the Care Coordinator and the *RecoveryNet* client should make arrangements for accessing other authorized services and establish an ongoing schedule of Care Coordination appointments.

Authorization and referral of all requested services are done in the VMS by the Care Coordinator. This will result in notification to service providers of the service units authorized. Application requests may be denied based on availability of funds or lack of available requested services in a geographic location. All denials will state the reason for denial, and may be reversed if missing information is submitted or funds are reallocated. It is the responsibility of the Care Coordinator to check the VMS system for approvals or denials to make sure client care is coordinated appropriately. The Care Coordinator is responsible for contacting other service providers to schedule or facilitate access to selected *RecoveryNet* services and other recovery support services not covered by ATR.

Vouchers specify the name of the client, the service to be provided, the name of the service provider, the number of units for each vouchered service, and the start and end dates (date range) of the voucher. **All authorizations are set to close in SMART if not used within 30 days or if it has been 30 days since the last billable activity on that voucher.**

All clients receive Care Coordination, a central service within the *RecoveryNet* initiative. The Care Coordinator's role in helping the recipient access services has been demonstrated to improve successful linkage to clinical and recovery support services.

## Monitoring and Evaluation

*RecoveryNet* staff will monitor and evaluate *RecoveryNet* services and providers. Monitoring and evaluation areas may include, but are not limited to, client eligibility, provider eligibility, provider facilities and policies, service documentation, voucher and encounter data, GPRA reporting, invoices, critical and provider incidents, and satisfaction surveys. *RecoveryNet* RACs, and in some cases the *RecoveryNet* Project Director and Data Manager, will conduct site visits and may talk with *RecoveryNet* clients and provider staff. Providers are generally notified of planned site visits in advance but *RecoveryNet* staff retains the right to conduct site visits at their discretion. The *RecoveryNet* Monitoring Tools can be found at <http://adaa.dhmh.maryland.gov/SitePages/Home.asp> Look for the tool that is used to monitor your service type.

Providers who do not meet standards and requirements as stated in the *RecoveryNet* Provider Manual and the Provider Agreement may receive technical assistance from *RecoveryNet* staff and may be required to complete a corrective action plan (see Provider Disciplinary Guidelines on page 11). Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's agreement.

### Monthly SMART Billing Data Analysis

Monthly review of provider billing patterns and payments are conducted by the RAC's, ATR Project Director and the ATR Data Analyst. The ATR Team will look at frequency of billing, units of billing, number of authorizations and length of service per authorization. Irregular billing patterns that are inconsistent with the provider's historical billing and/or incompatible with similar providers might indicate a need for action.

### Site Visits

ATR Team members may conduct site visits to any providers to check on the status of each facility and collect information from clients. Site visits may be scheduled or unannounced based on the reason for visit.

Provider site visits will be conducted throughout the duration of the *RecoveryNet* program. Site visits may be performed at varying intervals, to evaluate the quality and appropriateness of services provided, recipient records, and professional conduct. During a site visit you will be required to present the required documentation for service delivery for your service type.

### Audits

**Annual Audit:** RAC's will conduct audits on a random basis at least once annually with each provider. Audits include a site visit by an ATR Team member and will include review of at least 10% of all active and closed cases since the last audit. These cases are generally chosen randomly and copies must be provided to the ATR Team Member at the time of the site visit or as otherwise arranged. Providers will be given at least one-week notice of cases for review and the date of the site visit. Documentation collected from client files will be compared with billing data in SMART and a report will be

provided to the Project Director for inclusion in the Audit Report. (see **Appendix 4: Audit Report**)

**Follow-up Audit:** RAC's will conduct audits if there has been a formal complaint against a provider and/or identified irregularities in the monthly data analysis. A site visit may be conducted and/or cases will be requested for review. Site visits may be unannounced relative to the nature of the visit and the degree of concern about provider operations and any/all records are to be made available for review.

All audits will result in a report provided by the ATR Team which will include the status of the provider relative to the requirements as defined in the Provider Manual, the outcome of the facility inspection and any client feedback that was collected. Providers will receive this report within 30 days of the completion of the audit. If needed, action steps and a timeline will be included in that report. If a provider is considered out of compliance a Corrective Action Plan will be implemented immediately.

### **Provider Disciplinary Guidelines**

If providers are unable to meet the requirements of ATR/RecoveryNet, the ADAA reserves the right to take disciplinary action to ensure we are providing quality care to all ATR recipients.

**Corrective Action Plan (CAP):** Providers may be placed on a corrective action plan for a period of 30-90 days for any of the following offenses.

- Environmental concerns: includes concerns that could cause harm to service recipients
- Criminal activity: any activity must be documented through court records or written complaint from community member. If a service recipient/ community member makes a complaint, it will be followed-up on prior to any action being taken
- Noncompliance with ATR policies: all policies outlined in the Provider Manual must be adhered to

**Three/Six Month Suspension with Option to Reapply:** Providers may be removed from the provider directory and all ATR clients currently accessing services at their facility will be given the option to change providers immediately. Any ATR funding will be discontinued at time of notification. Providers will have the option to reapply three/six months after notification but their application will be managed as a new provider.

- Unethical Practices: includes any practices that are considered discriminatory or beyond the scope of service for a provider.
- Failure to communicate changes: any changes in status must be reported by the RACs within 24 hours of the change
- Noncompliance with ATR policies: all policies outlined in the Provider Manual must be adhered to

**Termination of relationship:** ADAA reserves the right to terminate any agreement with providers at their discretion. Providers will be notified and ADAA will work with that provider to transition existing clients from their facility. The provider does not have the option to reapply to provide that ATR service.

- Noncompliance with ATR policies: if any provider has been placed on a CAP and is unable to meet requirements in given time frame OR if a provider was placed on suspension and upon readmission to ATR there are continued concerns.

These guidelines are subject to change at the discretion of the ATR/RecoveryNet team.

### **Corrective Action Plan (CAP)**

The Maryland Alcohol and Drug Abuse Administration (ADAA) may place providers and/or jurisdictions on a Corrective Action Plan (CAP) if they are unable to meet the requirements set forth in our ATR Provider Agreement and/or Manual or other policies and procedures developed by the ADAA. CAPs may be in place for a period of 30-90 days, depending on the severity of the issues and are executed and monitored by the ATR team. (see **Appendix 3: ATR Corrective Action Plan**)

The process for implementing a CAP is as follows:

- If a provider is found to be out of compliance with ATR requirements, the RAC will document the areas of concern and work with the Project Director to write up a formal report with the recommendation for next steps.
- A meeting between the Regional Area Coordinator (RAC), ATR Project Director and ATR provider will be scheduled within 14 days of becoming aware of the problem(s).
  - ✓ If the severity of the problem is determined to be minimal, then a meeting is not necessary.
- After discussion, a final report will be completed and shared with the provider. This report will clarify responsible parties, actions necessary and the timeline for such actions.
  - ✓ Depending on the provider and the severity of the problem, the RAC or the ATR Project Director will be responsible for oversight and monitoring for the duration of the CAP.
- If, at the end of the CAP the provider has not met the goals or completed the tasks that were required, ADAA may suspend the provider with the option to reapply after 3 or 6 months OR may terminate the relationship with that provider with no option for them to reapply in the future.

The Maryland Alcohol and Drug Abuse Administration (ADAA) is committed to providing the best and most appropriate services to our recipients. The ADAA will conduct monitoring, auditing and technical support to ensure our providers are in compliance with ATR policies and to prevent any fraud, abuse or waste.

### **Incident Reporting**

**Critical incidents** are those events that occur in any location, facility or activity where *RecoveryNet* services are delivered that negatively (or have the potential to) impact the physical or emotional well-being of the client, client's family, other individual(s) or the *RecoveryNet* initiative including but not limited to:

- Death
- Suicide attempt
- Injury to self

- Assault or injury to others
- Sexual/physical abuse or neglect, or allegation thereof
- Incarceration
- Inappropriate use of *RecoveryNet* funds by client

Providers must submit a *RecoveryNet* – Critical Incident Report (see Appendix 6) for any incident that involves a *RecoveryNet* service recipient/enrollee to the ***RecoveryNet* Project Director within 24 hours** of becoming aware of the incident. Submit by email to Deirdre Davis: [deirdre.davis@maryland.gov](mailto:deirdre.davis@maryland.gov) or fax: 401-402-8601, Attn. *RecoveryNet* Project Director. The individual should be encouraged to also speak with their Care Coordinator.

The Project Director must also be notified within 24 hours of the Critical Incidents of Death, Suicide attempt, Injury to self, Assault or injury to others, Sexual/physical abuse or neglect, or allegation thereof involving non-ATR service recipients to provide us with the opportunity to provide additional *Recovery* Support Services as needed to *RecoveryNet* service recipients/enrollees who may be effected by the Critical incident.

**Provider Incidents** are those when a provider action is believed to be out of compliance with *RecoveryNet* Provider Manual or Provider Agreement requirements. *RecoveryNet* staff research incidents as indicated. Follow-up on reported incidents may include, but are not limited to, technical assistance, requirement of corrective action, funding repayment, Provider Agreement revision or termination, or determination that no inappropriate incident occurred. Report Provider Incidents to the *RecoveryNet* RAC.

### **Fraud, Waste and Abuse Monitoring**

The Maryland Alcohol and Drug Abuse Administration takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the *RecoveryNet* initiative.

Fraudulent practices include, but are not limited to:

- Falsifying information of the provider application or omitting relevant material facts
- Misrepresenting staff credentials, qualifications or billing for services provided by unqualified staff
- Falsifying client files, records, or other documentation
- Billing for services not rendered
- Duplicate billing for a single service Accepting payment for services not rendered
- Improper billing to clients for services rendered

Abusive practices include, but are not limited to:

- Providing client services that are not necessary or services that are inappropriate for the client's condition
- Knowingly not billing a primary payor for an eligible client
- Offering or accepting payment to refer clients to a particular provider
- Coercing a client to choose a particular provider

- Misrepresenting client outcomes

Waste includes, but is not limited to, circumstances when services are not rendered or client outcomes are not fulfilled in a cost-effective manner. These circumstances may occur due to fraud and abuse.

Examples are:

- Rendering services when they are no longer necessary for a client's well-being
- Failing to bill other funding sources when appropriate

If a provider or any of its employees, volunteers, or board members commits client abuse, neglect, or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, the ADAA may terminate the provider's participation in the *RecoveryNet* initiative immediately upon written notice to the provider and may seek repayment of funds.

If a client commits fraud or other serious misuse of funds, the ADAA may terminate the client's participation in the *RecoveryNet* initiative immediately upon written notice to the client and providers and may seek repayment of funds.

### **Repayment of Funding**

RecoveryNet providers must provide proof of service delivery for all billing with the exception of phone contacts and care coordination contacts unless it involves dissemination of gift cards or bus passes. If a provider is found to have billed incorrectly, ADAA will request repayment of funding.

1. ADAA and/or the provider identifies that billing was entered incorrectly and a repayment of funding is necessary.
2. The ATR Data Manager (Sara Roberson [sara.roberson@maryland.gov](mailto:sara.roberson@maryland.gov) or 410-402-8659) will be notified that repayment is required, verify the information and will execute an invoice to be sent to the provider.
3. Upon receipt of the invoice, the provider will cut a check to **Department of Health and Mental Hygiene (DHMH)**. The invoice and the check will be returned to the Alcohol and Drug Abuse Administration  
Alcohol and Drug Abuse Administration  
Attn: Fiscal Department  
55 Wade Ave.  
Catonsville, MD 21228
4. Provider will email Sara Roberson to notify that payment has been sent.

Please see **Appendix 5** for a copy of the invoice that will be sent by ADAA.

### **Programming and Licensure Changes**

It is the provider's responsibility to inform their *RecoveryNet* RAC of any change in licensure status, qualifications and/or in programming that may affect the provider's ability to provide *RecoveryNet* covered services. Proof of licensure is required for all Clinical Services covered

under ATR and the provider is responsible for making sure any staff rendering those services are in compliance with their licensure requirements.

## **Grievances**

### **Recipient Grievances**

Recipient grievances are defined as a complaint against a *RecoveryNet* service provider. A recipient of *RecoveryNet* services has a right to submit a grievance without fear of penalty or loss of services. Should a recipient have a grievance regarding services received via the *RecoveryNet* program, all efforts shall be made to resolve the grievance via the provider agency's grievance procedure. If the grievance cannot be resolved at the provider level, then the recipient is encouraged to call their *RecoveryNet* RAC.

All complaints received by the *RecoveryNet* RACs will be documented and investigated. ADAA will be informed of all documented grievances, investigation results, and grievance resolutions.

Corrective action may be requested as a result of a complaint. The *RecoveryNet* RAC will set time frames and confirm completion of all implemented corrective action plans. If a grievance is received that may impact the health and welfare of a *RecoveryNet* client, ADAA and/or law enforcement officials may be contacted immediately.

Complaints may also be filed with the Project Director for Maryland RecoveryNet by phone at 410 402-8620, by email at [deirdre.davis@maryland.gov](mailto:deirdre.davis@maryland.gov), or in writing to Alcohol and Drug Abuse Administration  
Attention: Deirdre Davis  
55 Wade Ave  
Catonsville, MD 21228.

### **Provider Grievances**

ADAA and its contracted ASO, ValueOptions, aim to provide the best customer service possible for *RecoveryNet* service providers but appreciate that there may be instances of miscommunication or other issues that need to be resolved. Providers are encouraged to raise issues verbally or in writing. Providers may file grievances with the ADAA *RecoveryNet* Project Director or request to speak with the assigned representative for ValueOptions Maryland office.

## Documentation and Billing

*RecoveryNet* service providers document provision of covered services, enter encounter information into the VMS, and submit requests for payment to ValueOptions, ADAA's contracted Administrative Services Organization, as described below.

### Encounters

Each *RecoveryNet* covered service provided must be consistent with the voucher in the VMS and documented in the provider's record system. (see **Appendix 7: Provider Proof of Service Delivery Documentation**). Providers may keep electronic and/or paper files.

Files must:

- Be individualized to each recipient and only contain information for one recipient;
- Be kept in a secured location to which only approved staff have access;
- Be kept at the service location approved for services in the Provider Agreement;
- Document the date, time, and length of each *RecoveryNet* covered service provided and include the client's signature for the service rendered;
- Summarize the *RecoveryNet* covered service provided;
- Be maintained in accordance with confidentiality laws and regulations;
- Be maintained in a manner consistent with specific licensure/certification requirements for the service; and
- Be kept by the provider for a period of five years subsequent to the end date of the last service provided.

An encounter note must be entered into the VMS for each *RecoveryNet* service provided. Each encounter must be **entered into the VMS within seven calendar days** of the date the *RecoveryNet* covered service was provided. The ADAA monitors services dates with adjudication dates to make sure all entries are being input in a timely manner. If a provider is found to consistently enter data beyond the 7-day timeline then technical assistance will be provided and a corrective action plan may be put in place.

### Payment

A *RecoveryNet* covered service is reimbursable through *RecoveryNet* funding only when there is no other funding source for that service.

All vouchers include expiration dates. If a provider enters an encounter for a service beyond the service expiration date, it will not be reimbursed. Clients may request an extension on a voucher from the Care Coordinator if they are continuing to receive services past the original authorization period and the funding is still available.

*RecoveryNet* service encounter information in the VMS must be consistent with documentation in the provider's record system.

Generally, ValueOptions processes and pays for encounters within 30 days of receipt. If a *RecoveryNet* Service is a covered service under any other payor, that service cannot be submitted to Value Options for payment through *RecoveryNet*, regardless of whether or not payment is received from that other payor.

**\*\*\*For Direct Deposit**

**After receipt of the first payment by check**, providers who wish to have payment of claims made through direct deposit please:

- contact the ATR Data Analyst at 410 402-8659 to request your provider Pin#
- with you Pin# handy, call PaySpan at 1 877-331-7154
- provide PaySpan with the Registration Code (found on your check) and your Tax ID#
- provide PaySpan with your banking information

**Voucher Extensions, Additions, and Revisions**

*RecoveryNet* Care Coordinators establish and maintain relationships with clients over time and assist clients in identifying and accessing covered services.

Based on on-going discussions with a client, a Care Coordinator may request:

- an extension of a voucher expiration date
- additional units of service for a service previously authorized
- a reduction in units of a service previously authorized
- new services, not previously authorized

The Care Coordinator must request prior approval from the *RecoveryNet* RAC, who authorizes the changes in services.

## **Recipient Information and Confidentiality**

**Confidentiality of client information is an ethical obligation for all providers and a legal right for every client, whether such information is received verbally or in writing and whether it is received from the client or a third party.** *RecoveryNet* providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations (See **Appendix 8: HIPAA Privacy Summary**).

Providers must obtain a completed release of information from each *RecoveryNet* client, for each party to whom information is disclosed.

Providers should use the unique client identification number assigned by the Voucher Management System when referring to a *RecoveryNet* client in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

## **Glossary of Terms and Descriptions**

See **Appendix 9: Glossary of *RecoveryNet* Terms and Definitions**

## **Changes or Exceptions to the Provider Manual**

The *RecoveryNet* Provider Manual is subject to change. Providers may request an exception to a Provider Manual requirement by submitting an exception request to the ADAA in writing to:

Maryland Alcohol and Drug Abuse Administration  
Attn: *RecoveryNet* Project Director  
55 Wade Avenue  
Catonsville, MD 21228

## Appendix 1: Maryland RecoveryNet – Service Descriptions, Rates, and Qualifications

*See Service Rate Table for current Service Descriptions, Rates, and Qualifications*

<b><u>Housing Assistance</u></b>			
These services are available for patients who are recommended by their clinician to enter a recovery supported environment. All clients accessing these services must be approved by the Regional Area Coordinator prior to approval. The Care Coordinator will need to complete the Housing Assessment Form with input from the referring clinician.			
Service Description	Unit of Service	Payment Rate	Required Qualifications
<b>Recovery/Supportive Housing:</b> Short term housing in a safe and recovery-oriented environment for clients with no other recovery housing alternatives. Housing must be provided in a facility for individuals in recovery.	Unit = 1 day Max Units = 60	Unit rate = \$17.86	Meets ADAA standards for Supportive and Recovery Housing
<b>Halfway House:</b> Housing for individuals with substance use disorders who are in need of 24-hour supportive housing while undergoing on- or off-site treatment services for substance use disorder and life skills training for independent living.	Unit = 1 day Max Units = 45	Unit rate = \$45.00	Current DHMH Certificate

<b><u>Clinical and Support Services</u></b>			
These services involve clinical and/or profession assistance in the areas listed below.			
<b>Job Readiness Counseling:</b> Face-to-face counseling with the client on skill assessment, job coaching, career exploration, resume writing, interview skills, labor market information, job search and retention tips	Unit = 15 minutes Max Units = 36	Unit rate = \$7.00	Certification as a career development facilitator by a recognized national certifying body OR uses ADAA-approved workforce development curriculum
<b>Family or Couples Therapy:</b> Marital/Family counseling services	Unit = 15	Unit rate =	Copy of professional

provided to engage the whole family system to address interpersonal communication, codependency, conflict, marital issues and concerns, parenting issues, family reunification, and strategies to reduce or minimize the negative effects of substance abuse and use on the relationship.	minutes Max Units = 36	\$10.00	licensure
<b>Pastoral Counseling:</b> Face-to-face counseling with the client to address spiritual issues that support recovery	Unit = 15 minutes Max Units = 36	Unit rate = \$10.00	Copy of professional licensure

**Care Coordination Services**

Care Coordination is an activity that assists clients in gaining access to necessary care and medical, behavioral, social and other services appropriate to their needs. The functions of case management include recovery assessment, care planning, referral/linkage, and monitoring/follow-up.

<p><b>ATR Intake Interview:</b> Face-to-face or telephone* interview with ATR client conducted prior to their discharge from residential treatment program to establish contact with the client and orient them to ATR participation and care coordination. This reimbursement rate includes:</p> <ol style="list-style-type: none"> <li>1) Travel time to and from the portal program</li> <li>2) Completion of: <ol style="list-style-type: none"> <li>a) Participant application for RecoveryNet services</li> <li>b) GPRA Assessment</li> <li>c) Collection of collateral contacts</li> <li>d) Verification of client understanding and agreement to complete GPRA Follow-up and discharge</li> </ol> </li> <li>3) Establish care coordination contact schedule</li> <li>4) Review recovery plan</li> <li>5) All documentation and authorization for services</li> </ol> <p><b>This can only be billed for ATR-only patients.</b></p> <p>*Telephone interviews are only approved if the client is more than 20 miles or 30 minutes from</p>	Unit = 1 interview Max Units = 1	Unit rate = \$100.00
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your facility. The RAC must be notified in advance that the interview will be conducted via telephone.		
<b>Care Coordination Check-ins:</b> Ongoing face-to-face or telephone meetings with ATR client, conducted bi-monthly to update the clients recovery support plan and coordinate/support client access to, participation in, and continuation in ATR covered services. <b>This can only be billed for ATR-only patients.</b>	Unit = 1 visit Max Units = 24	Unit rate = \$12
<b>Authorization Monitoring:</b> This service is required for all clients that are enrolled in ATR to be conducted twice monthly to monitor authorizations and keep the case open.	Unit = 1 monitoring check Max Units = 12	Unit rate = \$5.00
<b>Transportation:</b> Monthly, weekly and daily passes for clients to get to and from recovery support services. It also includes transportation units that may be used to purchase specialized transportation including cab services.	Unit = Individualized by provider	Unit rate = N/A
<b>Vital Documents:</b> Critical documents for clients such as birth certificates, photo ID's, and driver's licenses. This reimbursement rate includes any costs associated with the purchase of such materials and the processing of paperwork to order them. It also includes care coordinator time for document acquisition (cannot charge a unit rate with this).	Unit = 2 documents Max Units = 2	Unit rate = \$50.00
<b>Follow-up GPRA:</b> Face-to-face meeting with client to obtain all follow-up information which includes the follow-up GPRA and the ATR Client satisfaction survey. Dissemination of the gift card is also included.	Unit = 1 interview Max Units = 1	Unit rate = \$160.00
<b>GPRA Gift Card:</b> Reimbursement for a \$15 gift card that is available to all clients who successfully complete the follow-up GPRA within the window. Cards cannot be send and must be signed-off on in order for billing to occur.	Unit = 1 card Max Units = 1	Unit rate = \$15
<b>End/Administrative Discharge GPRA:</b> If an administrative GPRA must be completed due to the client not completing the follow-up GPRA within the window OR if they continue to access services beyond completion of the follow-up GPRA and need to complete a discharge GPRA at the end of services.	Unit = 1 interview Max Units = 1	Unit rate = \$24
<b>Gap Services – Transitional Services:</b> These services are specific to clients transitioning out of residential treatment or those moving into housing. These funds are to be used for basic transitional needs such as food and toiletries.	Unit = \$1 Max Units = 50	Unit rate = \$1
<b>Gap Services – Clothing:</b> Funds to help purchase clothing as clients leave residential treatment,	Unit = \$1	Unit rate = \$1

seasonal changes, weight gains/losses, employment changes, etc.	Max Units = 50	
<b>Gap Services – Support Services:</b> To be used specifically for support services that are <i>not covered by any other program</i> . This can include books if the ATR participant is returning to school (available to client only), tools if they are returning to work, licensure, penalties/fines, etc. When making requests for gap services under this item, please make sure you are very specific about the dollar amount and how this service supports your client’s recovery.	Unit = \$1 Max Units = 150	Unit rate = \$1
<b>Gap Services - Medical:</b> To cover medical costs that are not being paid for by another source such as prescription costs, durable medical equipment, eye glasses, etc.	Unit = \$1 Max Units = 250	Unit rate = \$1

Appropriate Gap Service Requests	
Support Services	Medical Services
Life Skills/Parenting Classes	Dental Fees
Gym memberships	Copays
School supplies for ATR client	Eyeglasses
Car Repairs	Acupuncture
Legal Fees/Fines	Prescriptions
Tools/materials for work	Durable medical equipment
Other requests as discussed with RACs	Other requests as discussed with the RACs

Gap Services – Support Services will not pay for
Security Deposits
Housing expenses
Driver’s License (use vital documents)
Furniture
Home Items
Utilities
Insurance
Any item that is covered under a different gap service

Please remember that the RAC may approve or deny any gap service request depending on the unique situation. The information contained here is to serve as a guide.

If a Care Coordinator is providing gas cards to an ATR recipient, they need to verify that the individual has a valid driver’s license, car insurance and registration. If the ATR recipient is requesting it for someone else, they can only receive one gas card during their duration in ATR.

## Appendix 2: *RecoveryNet* – ATR Client Application for Service

# Welcome to Maryland's *RecoveryNet* ATR Client Application for Service October 2013

The attached Participant Application must be completed by you and your counselor. It is important that you read each page carefully and understand the following:

You will be receiving recovery support and/or clinical services funded through the federal Access to Recovery Program. The Maryland Alcohol and Drug Abuse Program manages these funds and services in Maryland. Your counselor will verify your eligibility for services. You must be at least 18 years old and meet the federal income standards for publically funded programs, and you must also be a Maryland resident and be planning to receive recovery support services in this State.

All participants agree to work with a Care Coordinator. Your Care Coordinator will assist you in accessing the services you have selected. They will set up a check-in telephone call every two weeks to discuss your recovery progress and assist you with identifying and accessing services or goods that support your recovery. In the application you are asked to identify information and individuals to assist your Care Coordinator in keeping in touch with you. Carefully give as much contact information as possible. Your Care Coordinator will not share confidential information. They may leave a message enabling you to contact them or ask if there is updated information on where you can be contacted.

### **Other services which you may be entitled to and receive authorization include:**

- Halfway House (up to 45 Days)
- Recovery House (up to 60 days)
- Transportation
- Employment Readiness
- Vital Document Services
- Gap Services
- Family/Couples Counseling(until 12/31/13)
- Pastoral Counseling(until 12/31/13)

### **As recipient of *RecoveryNet* Services you agree to:**

- Complete three (3) Government Performance and Results Act Surveys (GPRA). SEE PAGE 3
- Bi-weekly contact with your Care Coordinator
- Use the vouchers I am given or work with my Care Coordinator to adjust my services
- Follow-through on referrals to recommended levels of care and/or other recovery support services
- Keep your Care Coordinator advised of any changes or problems with your authorized services
- Provide the requested contact information in the application so that we can keep in touch and assist you with recovery

**Client Application for Services**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

SS#: \_\_\_\_\_ SMART Client ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you completed a GPRA for ATR services in the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RecoveryNet Referring Program**

Program Name: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

**Counselor Contact Information**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## ***Consent to Participate***

I, \_\_\_\_\_, (Print Name) **agree to participate in the *RecoveryNet* program.**

**Purpose:** The purpose of this program is to increase access to treatment and recovery support services for persons with substance use disorders; and to provide clients with free and genuine choice of providers of treatment and recovery support services, to include faith based and community providers. The data collected as part of this program will help determine how helpful the *RecoveryNet* program is in enhancing recovery from substance use disorders.

**Procedures:** *RecoveryNet* program monitors may review my treatment or recovery support services records and my completed client satisfaction survey. From these records, monitors will collect information about the quality of services I received, progress I made, the length of time I received services, violations, and whether I finished the program or not.

**Confidentiality:** Information collected by each treatment or service provider will only be made available to program monitors and will not be made available to anyone else without my written permission, including probation/parole officials, family, or other treatment providers. Any information I give regarding past criminal behavior will be completely confidential. **Disclosure of information about child sexual abuse, threat of harm to myself or others or information about any planned criminal activities cannot be kept confidential.** The information collected for reporting to the Center for Substance Abuse Treatment (the agency that provides funding to support this program) will be collected as group data without information that can identify me. After five years, the data will be destroyed.

**Risk:** No risks are anticipated. My treatment and criminal justice status will not be affected by my answers. According to program policy, all participants and program monitors have been instructed to keep confidential all information obtained about me.

**Benefits and Freedom to Withdraw:** Although the data collected is not designed to help me personally, the information from this program will be used to help policymakers evaluating a method of delivering services to clients in similar situations. If I choose not to allow the monitors access to my information, I will be assessed for aftercare in the standard manner and will be eligible to receive services available outside the *RecoveryNet* program.

In accepting *RecoveryNet* Services, I agree to participate in three survey interviews. Government Performance and Results Act (GPRA) Survey is given at the following three intervals:

- Intake (Counselor)
- Follow-Up six months after intake (Care Coordinator)
- Discharge from the *RecoveryNet* program, which can be given at the Follow-Up (Care Coordinator)

I will receive a \$15 giftcard, if I complete the six month Follow-Up survey (must be completed within 5-8 months of the Intake).

I understand that I am required to work with my Care Coordinator while receiving *RecoverNet* Services and until I have completed my Follow-Up, Discharge GPRA, and Client Satisfaction Surveys. I also understand that I am expected to follow-through with clinically recommended levels of care and/or community recovery support.

My Basic Client Rights, Responsibilities and the Recipient Grievance Process were explained to me, and I have been given a copy for my records. I understand that I have a right to submit a grievance without fear of penalty or loss of services.

**NOTE:** In the event that my Care Coordinator cannot locate me in order to complete the Follow-Up GPRA interview, I agree to allow him or her to contact the individuals listed on my contact page in order to confirm my location. The Care Coordinator will then contact me to conduct the Follow-Up interview with me. I understand that no confidential information will be provided to persons on the contact page unless I have authorized it through a consent document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Monitor Signature

\_\_\_\_\_  
Date

**Referral Choice Verification:**

\_\_\_\_\_ I have been show a listing of ATR service providers and I enrolled with a provider of my choice.

\_\_\_\_\_ The ATR service voucher creation and redemption process has been explained to me, and I understand the \_\_\_\_\_ time-related limitations associated with redemption of the ATR vouchers that have been created for me.

\_\_\_\_\_ I understand that if I still have questions about my choice of service providers, I may contact my

Care Coordinator : \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Participant (Signature) (Date)

\_\_\_\_\_  
Enrollee (Signature) (Date)

**Authorization for Disclosure of Last Known Address and Phone Number  
Department of Public Safety and Correctional Services**

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ SS#: \_\_\_\_\_

I authorize the ADAA and the **Maryland Department of Public Safety and correctional Services/Maryland**

**Judicial System** to release information to my ATR Provider \_\_\_\_\_ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months from the date of this application:  
\_\_\_\_\_ (specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

**This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.**

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Monitor Signature

\_\_\_\_\_  
Date

**CANCELLATION/REVOICATION**

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## Authorization for Disclosure of Last Known Address and Phone Number Department of Social Services

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ SS#: \_\_\_\_\_

I authorize the Maryland Alcohol and Drug Abuse Administration and the **Maryland Department of Social Services** to release information to my ATR Provider \_\_\_\_\_ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months from the date of this application:

\_\_\_\_\_  
(specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

**This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.**

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Monitor Signature

\_\_\_\_\_  
Date

### CANCELLATION/REVOCATION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### Authorization for Disclosure of Last Known Address and Phone Number

The *RecoveryNet* program is funded through a federal grant that requires the State of Maryland Alcohol and Drug Abuse Administration (ADAA) to collect and report performance data to ensure the effectiveness and efficiency of the program. As a recipient of services through the *RecoveryNet* program, you are requested to authorize the organization indicated below to disclose your last known address and phone numbers(s) to ADAA and the *RecoveryNet* provider, so that you can be located in approximately six months for the Follow-Up GPRA Survey.

Client Name: Please Print \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ SS#: \_\_\_\_\_

I authorize the ADAA and (other provider agency) \_\_\_\_\_ to release information to my ATR Provider \_\_\_\_\_ regarding my last known address and phone number(s).

Unless revoked by me, this consent shall expire on the date below or in 12 months: \_\_\_\_\_  
(specific date, event or condition upon which this consent expires, only if different from above)

I understand that refusal to grant permission will in no way affect my right to obtain present and future treatment, except where disclosure of such communication and records is necessary for treatment. I understand that I may revoke this authorization at any time (not retroactively) by signing the "Cancellation/Revocation" section below, except to the extent that action has already been taken in reliance on it.

**This authorization, if not revoked earlier by me, will expire on the date indicated above or in one year from the date of the signature below.**

I further understand that the confidentiality of psychiatric, drug and/or alcohol abuse and HIV records are protected under state and federal law and cannot be disclosed without my written authorization to disclose such information unless otherwise provided for by law. I understand that I may make a request to inspect and/or copy the information obtained pursuant to this authorization. I further understand that ADAA or the *RecoveryNet* provider will provide me with a copy of this authorization. The information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer protected by Federal law.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Monitor Signature

\_\_\_\_\_  
Date

#### CANCELLATION/REVOCATION

I understand that by signing below, I am revoking the authorization that I previously provided effective on the date of my signature. I understand that I must inform ADAA, and the *RecoveryNet* provider of my decision to revoke this authorization.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

### RecoveryNet Collateral Contact Sheet

My signature below signifies my agreement to allow the *RecoveryNet* Care Coordinator and/or *RecoveryNet* staff to use the information below to locate me. I understand that no confidential information will be posted in a public space or provided to persons on the contact page unless I have authorized it through a separate consent to disclose information to that person or provider.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

Is this your married name? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your maiden name? \_\_\_\_\_

What other names are you known by? \_\_\_\_\_

What is your most recent address?

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Media Contact: (Facebook, Twitter, LinkedIn, My Space, etc.)  
\_\_\_\_\_

I consent to be contacted via email or social networking sites. Client Initials: \_\_\_\_\_

Name and address of any other services/programs used recently: (shelter, community center, religious organization health care clinic, soup kitchen/food pantry, case management, clinical treatment, veteran services, emergency room)

Program/Service Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Other Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I consent to be visited at the facility(ies) listed above. Client Initials: \_\_\_\_\_

If something were to happen with your current living arrangements, where is the best place to find you in six months to complete the required six-month Follow-Up GPRA Survey?

**PRIMARY CONTACT**

Spouse, relatives, significant other, or someone we could contact that could assist us in contacting you:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

You may contact this person or visit this home. Client Initials: \_\_\_\_\_

**ADDITIONAL CONTACT PERSON**

Do not repeat previously given contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

You may contact this person or visit this home. Client Initials: \_\_\_\_\_

**ADDITIONAL CONTACT PERSON**

Do not repeat previously given contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship: \_\_\_\_\_

You may contact this person or visit this home. Client Initials: \_\_\_\_\_

**Consent to Disclose and Re-Disclosure of Confidential Information**

I, \_\_\_\_\_ (Print Name) date of Birth: \_\_\_\_\_, as a participant in the Maryland *RecoveryNet* program, understand my support services will be authorized through the *RecoveryNet* Care Coordinator in my region and the Administrative Services Organization designated by the State of Maryland to pay for the services I receive. I authorize the ADAA, ValueOptions and my ATR Care Coordination provider (please list) \_\_\_\_\_ to release and exchange information with the following agency/provider for the purpose of processing *RecoveryNet* program requests:

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

This information may include: my name, address, age, gender, social security number, clinical assessment, *RecoveryNet* support history and such other information as is necessary to provide effective coordination of the treatment and services I receive. The purpose of the disclosure authorized herein is to facilitate the provision of *RecoveryNet* program recovery supports.

**I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulation. I have received a statement of the intended use of this information. I understand that the federal regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient, and I understand that the rules prohibiting re-disclosure to third parties without my written consent will be strictly adhered to. I also understand that I may revoke this at any time except to the extent that action has been taken in reliance on it.**

Unless revoked by me, this consent shall expire upon the date below or 12 months from the application date:

\_\_\_\_\_  
(specific date, event or condition upon which this consent expires, only if different from above)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness/Monitor Signature

\_\_\_\_\_  
Date

**Prohibition on Re-disclosure of Information Concerning Client in Alcohol and/or Drug Abuse Treatment**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol abuse patients.

**Maryland RecoveryNet**  
**Basic Client Rights and Client Responsibilities**  
**&**  
**Recipient Grievance Process**

**Client Rights**

All MD RecoveryNet/ATR staff, Care Coordination and Recovery Support Service Providers have a responsibility to treat clients humanely, fairly, and with full respect for civil liberties and basic client rights including, but not limited to, the following:

1. The right to appropriate and considerate care and protection.
2. The right to recognition and consideration of cultural and spiritual values.
3. The right to be informed about available ATR covered services and to choose a provider.
4. The right to refuse a recommended service or plan of care.
5. The right to review records and information about your services.
6. The right to confidentiality regarding communications and records.
7. The right to be treated without discrimination on the basis of race, color, sex/sexual orientation, or national origin.

**Client Responsibilities**

1. Complete three (3) Government Performance and Results Act Surveys (GPRA).
2. Bi-weekly contact with your Care Coordinator
3. Use the vouchers I am given or work with my Care Coordinator to adjust my services.
4. Follow-through on referrals to recommended levels of care and/or other recovery support services.
5. Keep your Care Coordinator advised of any changes or problems with your authorized services.
6. Provide the requested contact information in the application so that we can keep in touch and assist you with recovery needs and administer the required GPRA

**Recipient Grievance Process**

Recipient grievances are defined as a complaint against a *RecoveryNet* service provider. A recipient of *RecoveryNet* services has a right to submit a grievance without fear of penalty or loss of services. Should a recipient have a grievance regarding services received via the *RecoveryNet* program, all efforts shall be made to resolve the grievance via the provider agency's grievance procedure. If the grievance cannot be resolved at the provider level, then the recipient is encouraged to call their Care Coordinator and or *RecoveryNet* Regional Area Coordinator (RAC). All complaints received by the *RecoveryNet* RAC will be documented and investigated. The Alcohol & Drug Abuse Administration (ADAA) will be informed of all documented grievances, investigation results, and grievance resolutions.

Complaints may also be filed with the Project Director for Maryland RecoveryNet by phone at 410 402-8620, by email at [deirdre.davis@maryland.gov](mailto:deirdre.davis@maryland.gov), or in writing to Alcohol and Drug Abuse Administration Attention: Deirdre Davis, 55 Wade Ave Catonsville, MD 21228.

**Care Coordinator Name:** \_\_\_\_\_ **Phone#** (    ) \_\_\_\_\_ - \_\_\_\_\_

**CLIENT COPY**

# Appendix 3: *RecoveryNet* – ATR Corrective Action Plan

STATE OF MARYLAND



# DHMH

**Maryland Department of Health and Mental Hygiene**

**55 Wade Avenue • Catonsville, Maryland 21228**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

**Alcohol and Drug Abuse Administration**

Kathleen Rebbert-Franklin, LCSW-C

Acting Director

## **ATR CORRECTIVE ACTION PLAN**

**Provider:** \_\_\_\_\_

**Plan Implementation Date:** \_\_\_\_\_

**Final Report Date:** \_\_\_\_\_

**Plan End date:** \_\_\_\_\_

### **REASON FOR CORRECTIVE ACTION PLAN**

**Compliance Infractions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consumer Complaints:**

\_\_\_\_\_  
\_\_\_\_\_

**Other Issues:**

\_\_\_\_\_  
\_\_\_\_\_

### **SUMMARY OF FINDINGS**

\_\_\_\_\_  
\_\_\_\_\_

### **RECOMMENDATIONS & TIMELINE**

\_\_\_\_\_  
\_\_\_\_\_

### **FINAL ACTION/RESULT**

\_\_\_\_\_  
\_\_\_\_\_

Submitted by:

\_\_\_\_\_  
ATR Project Director Signature

\_\_\_\_\_  
RAC Signature

# Appendix 4: Audit Report Template

STATE OF MARYLAND



# DHMH

---

**Maryland Department of Health and Mental Hygiene**

**55 Wade Avenue • Catonsville, Maryland 21228**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## Alcohol and Drug Abuse Administration

Kathleen Rebbert-Franklin, LCSW-C  
Acting Director

## Audit Report

Provider: \_\_\_\_\_

Audit Conducted: \_\_\_\_\_

Contact: \_\_\_\_\_

Site Visit Conducted: \_\_\_\_\_

Audit Report: \_\_\_\_\_

**Documentation Review:**

**Administrative Review:**

**Site Visit:**

**Audit Summary:**

**Actions/Recommendations:**

---

ATR Project Director Signature

# Appendix 5: ATR Repayment Invoice

STATE OF MARYLAND



# DHMH

**Maryland Department of Health and Mental Hygiene**

**55 Wade Avenue • Catonsville, Maryland 21228**

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

## Alcohol and Drug Abuse Administration

Kathleen Rebbert-Franklin, LCSW-C  
Acting Director

### ATR Repayment Invoice

Provider Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Location: \_\_\_\_\_

The above listed provider is required to repay the Alcohol and Drug Abuse Administration for ATR-vouchered services that were not delivered.

Client ID #	Service Type	Date(s) of Service for repayment	Amount per unit	Total Amount for repayment

Total amount for repayment: \$ \_\_\_\_\_

Please make the check payable to: DHMH

Send check to: Maryland Alcohol and Drug Abuse Administration  
Attn: Fiscal Department  
55 Wade Ave.  
Catonsville, MD 21228

Please email Sara Roberson ([Sara.roberson@maryland.gov](mailto:Sara.roberson@maryland.gov)) to confirm payment was sent.

**For Official Use:**

Date Invoice sent to Provider: \_\_\_\_\_

Date Payment received: \_\_\_\_\_

Deposit Date: \_\_\_\_\_

## Appendix 6: *RecoveryNet* – Critical Incident Report

Please Fax to: **ADAA, Attn: Deirdre Davis at 410-402-8601** within **24 hours** of becoming aware of the incident.

Today's Date: \_\_\_\_\_ Date of Critical Incident: \_\_\_\_\_

Name/Title of Individual Completing Form: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Location Where Incident Occurred:**

\_\_\_\_\_

**Client involved in incident:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ *RecoveryNet* ID#: \_\_\_\_\_

Male

Female

**List any other involved party:**

\_\_\_\_\_

\_\_\_\_\_

**Nature of Incident:**

Death (from any cause after entry into *RecoveryNet* services)

Cause of death: \_\_\_\_\_

Suicide Attempt

Injury to self

Injury to or assault on others

Sexual/physical abuse or neglect, or allegation thereof

Incarceration

Inappropriate use of *RecoveryNet* funds

Other (please specify: \_\_\_\_\_)

**Describe Incident:**

\_\_\_\_\_

**Follow-up actions taken:**

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

## Appendix 7: Provider Proof of Service Delivery Documentation

### Provider Proof of Service Delivery Documentation

Please fill out the information below and sign. Your signatures verify that the service that you were authorized to provide/receive thorough the RecoveryNet was delivered on the date(s) and time(s) indicated below by the service provider that you requested.

Name \_\_\_\_\_

Service type \_\_\_\_\_

Date: \_\_\_\_\_ Time of service: \_\_\_\_\_

This was the provider I selected: yes \_\_\_ no \_\_\_ Explain: \_\_\_\_\_

Client signature \_\_\_\_\_

Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_

Service type \_\_\_\_\_

Date: \_\_\_\_\_ Time of service: \_\_\_\_\_

This was the provider I selected: yes \_\_\_ no \_\_\_ Explain: \_\_\_\_\_

Client signature \_\_\_\_\_

Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_

Service type \_\_\_\_\_

Date: \_\_\_\_\_ Time of service: \_\_\_\_\_

This was the provider I selected: yes \_\_\_ no \_\_\_ Explain: \_\_\_\_\_

Client signature \_\_\_\_\_

Service Provider signature \_\_\_\_\_

Name \_\_\_\_\_

Service type \_\_\_\_\_

Date: \_\_\_\_\_ Time of service: \_\_\_\_\_

This was the provider I selected: yes \_\_\_ no \_\_\_ Explain: \_\_\_\_\_

Client signature \_\_\_\_\_

Service Provider signature \_\_\_\_\_

***Provider Note: this form must be filled out for each RecoveryNet service you deliver. There is only one client per form however multiple services (up to three) per one recipient can be recorded on this form. Use additional forms for more than three services. Remember information about recipients and the services they receive are confidential. Refer to Appendix of this manual for details on confidentiality. This document must be kept on service site and made available on request by the RAC. Provider proof of service delivery forms must be kept by the provider for five years.***

## Appendix 8 – Summary: Privacy Rule for Health Insurance Portability and Accountability Act (HIPAA)

Published as 45 CFR parts 160 and 164 and effective in 2003, this Act protects the privacy of Protected Health Information (PHI) that is:

1. Transmitted by electronic media;
2. Maintained in any medium described in the definition of electronic media: or
3. Transmitted or maintained in any other form or medium.

As defined by HIPAA, *Protected Health Information* is any information, including demographic information, collected from an individual, that is:

1. Created or received by a healthcare provider, health plan, employer, or healthcare clearinghouse;
2. Related to the past, present, or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present, or future payment for the provision of healthcare to an individual; and which is
3. Able to identify the individual, or with respect to which, there is reasonable basis to believe that the information can be used to identify the individual.

*Business associate* as defined by HIPAA (45 CFR section 160.103), is a person who, on behalf of the covered entity or provider or of an organized healthcare arrangement in which the covered entity participates, but other than in the capacity of a member of the workforce of such covered entity or arrangement, performs, or assists in the performance of:

1. A function or activity involving the use or disclosure of individually identifiable health information, including claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and re-pricing; or
2. Any other function or activity regulated by this subchapter; or providers, other than in the capacity of a member of the workforce of such covered entity, legal, actuarial, accounting, consulting, consulting, data aggregation, management, administrative, accreditation, or financial services to or for such covered entity, or to or for an organized healthcare arrangement in which the covered entity participates, where the provision of the service involves the disclosure of individually identifiable health information from such covered entity or arrangement, or from another business associate of such covered entity or arrangement, to the person.

All providers who qualify as *covered entities* must comply with the provisions of the Privacy Rule of HIPAA. A *covered entity* is defined as a healthcare provider, a health plan, or a clearing house who transmits any health information in electronic form in connection with a transaction covered by this subchapter (section 160.103 of 45 CFR part 160). If this provider is a covered entity, then HIPAA requires the appropriate policies and procedures to be in place to comply with the HIPAA Privacy Rule. HIPAA requires such policies and procedures to include, but not be limited to, the following topics: Notice of Privacy Practices, Amendment of Protected Health Information (PHI), Recipient Access to PHI, Accounting of Disclosures, Workforce Training, Verification, Authorization for Disclosures of PHI, HIPAA Complaint Process, Marketing (if applicable), Research (if applicable), Audit and Monitoring or HIPAA compliance, and Business Associates Agreements with those companies providing goods and services which require the disclosure of PHI, etc.

Where existing confidentiality protections provided by CFR part 2, related to the release of alcohol and drug abuse records, are greater than HIPAA, then the department anticipates that the provider will consider any such provision of 42 CFR part 2 as the guiding language.

## Appendix 9: Glossary of *RecoveryNet* Terms and Definitions

**Access to Recovery (ATR)**- The SAMHSA administered grant that funds Maryland's *RecoveryNet*

**ADAA**- The Alcohol and Drug Abuse Administration an arm of the Maryland Department of Health and Mental Hygiene, the ADAA oversees the fiscal and regulatory administration of publically-funded substance abuse prevention, intervention and treatment. ADAA is the recipient and administrator of ATR III/*RecoveryNet*

**ATR III**- This is the third round of SAMHSA ATR Grants and the cycle that funds *RecoveryNet*.

**Authorization**- Is the permission needed to move a voucher request forward.

**Care Coordinator**-A vouchered service providing oversight to insure client's ability to access services needed establish recovery in their community. Care Coordinator's work with recipients to complete the *RecoveryNet* enrollment process, consenting, referring and authorizing services in the VMS.

**Client Satisfaction Surveys**- Each *RecoveryNet* client will evaluate the recovery support service(s) they received. Copies of the evaluations will be shared with providers.

**DHMH**- The Department of Health and Mental Hygiene

**Encounter**- Each *RecoveryNet* covered service provided must be documented in the provider's record system. (See page 11 for *Encounter* documentation requirements ) An encounter must be entered into the VMS for each *RecoveryNet* service provided. Each encounter must be entered into the VMS within seven calendar days of the date the *RecoveryNet* covered service was provided or where indicated submitted to ADAA for VMS entry. The encounter serves as an invoice for the service that was provided.

**Fraud, Waste and Abuse**- The Maryland Alcohol and Drug Abuse Administration takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the *RecoveryNet* initiative. (See pages 9-11 for specific definitions of **Fraud, Waste and Abuse.**)

**GPRA**- Government Performance Result Act established protocols for measuring outcomes through the collection of specific data. The *RecoveryNet* will collect GPRA data through three time specific survey's administered to *RecoveryNet* clients by identified GPRA collection providers.

**Payor**- Designated service organization contracted by ADAA to issue payment for vouchered services. The *RecoveryNet* payor is ValuOptions.

**Portal Program**- The point of entry for clients eligible for *RecoveryNet* Services and referral for Care Coordination

**Provider Agreement**- An agreement between the Service Provider and the Alcohol and Drug Abuse Administration that defines the terms and conditions for participation in *RecoveryNet* (page 7)

**RecoveryNet**- This is the name of Maryland's ATR initiative. *RecoveryNet* is a system transformation in which we are partnering with faith-based and community to connect those in early recovery with services that will support, enhance and sustain recovery in the community.

**Recovery Service Provider**- These are faith-based and community providers of services that are offered in Maryland's *RecoveryNet* (see page). Recovery Service providers are those that have successfully completed the application process, signed a Provider Agreement, and completed required provider training.

**Referral**- The process of notifying the service provider chosen by the client that a voucher has been authorized for their service. Referrals are made and received through the electronic VMS.

**Regional RecoveryNet Coordinators-** There are three RACs that manage the assets and resources in a specific region.

- **Baltimore City:** (*bSAS RecoveryNet Services*)  
Karol Harmon 443-854-6654 or email: [karol.harmon@bhsbaltimore.org](mailto:karol.harmon@bhsbaltimore.org)  
Baltimore Substance Abuse Systems, Inc.  
One North Charles St., Suite 1600  
Baltimore, MD 21201  
Attn: *RecoveryNet* RAC - Region 1
- **Central and Western Regions:** (Garrett, Allegany, Washington, Frederick, Carroll, Montgomery, Howard, Baltimore, Cecil and Harford Counties):  
  
Dena Trail 443-827-9176 or email: [dena.trail@maryland.gov](mailto:dena.trail@maryland.gov)  
Baltimore County Bureau of Behavioral Health  
6401 York Road, Third Floor  
Towson, MD 21212  
Attn: *RecoveryNet* RAC - Region 2
- **Southern and Eastern Shore Regions:** (Anne Arundel, Prince Georges, Calvert, Charles, St. Mary's, Kent, Caroline, Queen Anne's, Talbot, Dorchester, Wicomico, Worcester, and Somerset Counties):  
Tyfanni Penn 443-827-9136 or email: [tyfanni.penn@maryland.gov](mailto:tyfanni.penn@maryland.gov)  
Anne Arundel County Health Department, Behavioral Health  
3 Harry S. Truman Parkway, P.O. Box 1050  
Annapolis, MD 21401  
Attn: *RecoveryNet* RAC - Region 3

**SAMHSA-** Substance Abuse and Mental Health Services Administration is an arm of the federal Health and Human Services (HHS) administration. SAMHSA administers the grant funds for ATR.

**Client-** The individual receiving the *RecoveryNet* services

**Treatment Provider-** These are programs certified by the DHMH OHCQ to deliver substance abuse treatment, prevention and/or intervention services

**ValueOptions-** The established payor for *RecoveryNet* services.

**Voucher Management System (VMS)-** Services covered by *RecoveryNet* are managed through an electronic Voucher Management System (VMS). After a potential client selects services from a menu of providers and is authorized by a *RecoveryNet* RAC to receive services, vouchers are entered into the VMS for selected covered services. Training and Technical assistance for the use of the VMS is required and provided free of charge to service providers.

**Voucher Transaction-** The activity of moving a voucher through the VMS for payment.